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ABSTRACT

The paper reviews research studies on school provision for mildly intellectually handicapped children, the evaluation of services for the handicapped, language and communication in Down's syndrome children, and the educational needs of spina bifida and hydrocephalic children. Implications from the findings are discussed in relation to the characteristics of future educational provision for handicapped children in Australia. (Author/SBH)

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IMPLICATIONS OF SOME AUSTRALIAN RESEARCH FOR FUTURE SPECIAL EDUCATION [1]

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It may be observed that all educational research has implications for future practice and the provision of services, even if it is not specifically designed to provide predictions of this type. For instance, research in special education that seeks to explore or evaluate new teaching techniques or technologies, or define factors which contribute to a specific learning problem, or research that is concerned with even the broadest aspects of service delivery has something to say about the future of education for handicapped children. In addition, a recent trend in this research area, and one that has introduced new terms into our vocabulary, is an interest in special education futures. Futures research often encompasses a specific research procedure based on the delphi technique, but the concept of looking ahead to help determine relevant goals and directions of future provisions has also spread to the process of sharing with others those things we practice today; to assist them to see possible future trends and determine ways of improving their own services. An example of such sharing is this Council for Exceptional Children's *World Congress on Future Special Education.*

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The Fred and Eleanor Schonell Educational Research Centre, where the research studies described in this paper were undertaken, is a teaching and research centre in special education within the University of Queensland. It was established in 1951 by the late Emeritus Professor Sir Fred Schonell as a Remedial Education Centre. Current research projects include :-

1) a review of educational provisions for mildly mentally retarded children and adolescents;
2) an evaluation of a range of educational, residential and vocational programs for the moderately and severely mentally retarded;
3) an investigation into the educational needs and management of spina bifida and hydrocephalic children;
4) studies of communication and language in Down's syndrome infants and school-aged children;
5) a review of developments and future needs in Aboriginal education;
6) a review of the educational and vocational needs of and provisions for cerebral palsied children and adolescents;
7) an investigation into the effects of major environmental change on severely mentally retarded children;
8) a national survey of special education needs and provisions; and
9) ethnographic studies of mildly mentally retarded children, and of the utilization of resource teachers in their classrooms.

Much of this research is based on service delivery modes and procedures and many findings are relevant to prediction of the future characteristics of special education. Studies involving service delivery have become a major part of the total research program at the Schonell Educational Research Centre, and in this paper I want to refer to some of this research. Most of the studies tend to be descriptive of present provisions and practice, are evaluative of these, provide information on problems experienced by parents and teachers in the education of handicapped children, and seek their views of desired future trends in provisions.

One investigation evaluated thirty-six programs for moderately to severely mentally retarded children and adults in the States of Queensland, New South Wales and Victoria operated by voluntary groups and funded at least in part under the Federal Handicapped Persons' (Assistance) Act (Berry, Andrews and Elkins, 1977). The research also undertook a preliminary description of the nature of the voluntary groups providing the programs and their activities. Nine of the facilities were schools, and included in the findings were a number of matters relevant to these programs. It should be noted that from one aspect of this study predictions were founded on the determination of deficiencies relative to desired standards of service provision, based on components of the normalization principle. The findings include the need for :

1) Improved levels of staff training to increase the number of qualified teaching staff in voluntary special schools (in this study indicated to be approximately 50 percent, but with variations in this proportion between States).

2) An increase in the diversity of staff who work in these facilities, in respect to training and background, and including the need for additional resource and therapy staff.

3) A clearer definition of the role of voluntary groups in providing school programs, and improvements in the quality of some of these voluntary group services.

4) An increase in community involvement in the programs provided by the schools to make the educational experiences of the children more relevant to integration into the community at large.

5) An increase in the relevance of the school programs to other social institutions - such as the home, future work place, and community.

6) A better understanding of the place of evaluation in the provision of school programs, with the emphasis on quality programs, and including the practice of self-evaluation.

Another recent study was concerned with the education of mildly mentally retarded children (Watts, Elkins et al., 1978). Looking at provisions in three States (again Queensland, New South Wales and Victoria), the first stage of this study encompassed 116 regular and special schools, or schools with attached special classes, and 528 mildly mentally retarded children aged approximately 11 years. Fifty-three percent of these children were in special schools, 28 percent in special classes and 19 percent in regular schools. Sixty four percent of the children were male.

A total of 501 families were interviewed during the research; which examined issues of central concern in current thinking about and planning for the education of these children during the primary school years, and drew attention to the paucity of Australian evidence on issues central to system planning and implementation.

The study also addressed itself to questions such as :

* What is the academic and personal/social progress of mildly mentally retarded children in different school settings,
* What philosophies and aspirations are held by the teachers and parents of these children?
* What are the constraints perceived by teachers and parents as inhering in types of school placement?
* What is the extent to which special school or class pupils in the three Australian States, and teachers in regular and special classes, are similar to the research populations described in overseas studies?

Among the findings of this investigation were the following :

1) The evidence obtained suggests caution in the application of research results from educable mentally retarded (EMR) classes in North America to the Australian scene, because of the important differences in social class and ethnic membership of the clientele of programs for mildly mentally handicapped children and adolescents in the two countries.

2) Future planning and implementation of educational policies for this group requires comparative data on the relative effectiveness

of different types of educational provisions for mildly intellectually handicapped children.

3) There is a need for close examination by policy makers of the existing school climate in regular schools in relation to the presence of mildly mentally retarded children, and a search for constructive and effective ways of ensuring that such pupils, if placed in regular schools, are accepted by their non-handicapped peers.

4) An assurance of acceptance of these children is also necessary from their prospective classroom teachers, in respect to their feelings of competency to teach them and their acceptance of the responsibility for a handicapped child.

5) Other futures-related findings were -

* the need for development of appropriate pre-service and in-service teacher training;
* the need to ensure adequate numbers of specialist support staff are available in all types of school provision for these children;
* the need for administrators to consult teachers when policies are being developed, as they implement the policies;
* the need for well developed and validated curriculum guides, including reference to methods and the selection of program content and materials;
* the need for on-going monitoring and evaluation of provisions made; and
* the need to promote maximum communication among teachers, parents and the school system.

In the area of communication and language of Down's syndrome infants and children, research is continuing into the patterns of interaction explored and adopted by parents and their young Down's infants, and the oral language skills of Down's syndrome children and adolescents. Data collection on parent-child interaction is proceeding. Analysis of video-recorded interactions seeks to identify care-giving behaviours of the mothers, such as holding, touching, vocalizing and looking behaviours involving infants in the dyads, and similar behaviours of the infants (Berry, Ashton, et al., 1977; Gunn, Berry, et al., 1978).

In the area of oral language production in school-aged Down's syndrome children, studies have sought to describe the spontaneous oral language and responses to structured language situations of these children, and identify implications for curricula and teaching approaches. One report of this work (Andrews and Andrews, 1977) included findings which relate to the language development of moderately retarded children and adolescents. The results highlight the wide variability in the production of spontaneous oral language in Down's syndrome children attending a special day school, but do not support chronological age as a significant factor in determining language performance.

The study, however, identified an important falling away of the amount of oral language production after the age of ten years, which has implications for teaching methods and materials employed. It suggests a need to review the teaching approaches used with Down's syndrome adolescents, and seek to ascertain if the curriculum employed with these pupils, and the methods typically used

in teaching mentally handicapped children, may be impeding oral language production in the adolescent retardate. There are also implications for future teaching strategies in the actual level of oral language production in these children.

The fourth and final study I want to refer to looks at the educational needs and management of spina bifida and hydrocephalic children (Andrews, Elkins, et al., 1978). This research sought to describe the population of children and young adults with these conditions in Queensland. It also explored the nature and extent of their educational needs, how these related to their medical and social characteristics, why many of these children have been naturally integrated into regular school programs, and sought to define the educational and management needs of these children in respect to future education services.

Over 240 children, adolescents and young adults were identified, ranging in age from 4 months to 22 years. One hundred and seventeen were male and 113 were female. This total group included 38 children too young to attend education programs, 27 in pre-schools, 105 in primary and secondary schooling, and 14 young adults who had completed their schooling. There was also a group of 39 children and young adults in long-term residential care.

Of the 132 school-age children, 13 attended regular pre-schools and 14 special pre-schools, 53 attended regular primary schools and 10 regular secondary schools, while 42 attended special schools at the primary-secondary level, giving a total of 57.5 percent in regular schooling and 42.5 percent in special schooling.

The study, at the present stage, has indicated that the Queensland spina bifida population is in most respects similar to those which have been described in the United Kingdom. About 80 percent of the group have the associated condition of hydrocephalus, and 80 percent of these have their hydrocephalus controlled by insertion of a 'shunt'.

A majority of children have a bowel and/or bladder control problem which requires careful management. Of those children old enough to determine the degree of their mobility 31 percent are independent in walking, and 32 percent use a walking aid. Approximately 26 percent use a wheel chair or a similar device for mobility, and the remainder (11 percent) are bedfast.

The distribution of intelligence test scores for the school-age spina bifida group does not parallel the general school population. Whilst scores are spread throughout the full range of mental ability there are greater numbers at the lower average, and below average levels. School achievement test results also show a similar type of distribution, with achievement levels in the basic subjects spread throughout the usual range of scores but with a greater number of children having educational difficulty than in the general school population. The teachers of the children enrolled in regular primary schools, however, reported that in the main these children achieved within the range of attainment for the class in which they were enrolled, and were making satisfactory progress.

Many problem areas for the children, their parents and teachers have become apparent. Access to school buildings and grounds is generally difficult. In some instances the child's toileting needs pose problems to parents and school personnel.

Parents are sometimes unable to break the communication barrier with professional staff who deal with them and their child, resulting in confusion about their child's condition, treatment, and future, and a resulting lack of trust. For many parents who live away from a major centre, access to services, communication, and family finance are very real problems.

The research studies described above are not all finalized, but already implications for future provisions are becoming evident; in some cases these parallel results from futures research (Schipper and Kenowitz, 1976; Prickett and Hunt, 1977). Very broadly, these implications suggest that the characteristics of future educational provision for handicapped chilren in Australia will include :

1) All children will receive appropriate education and supporting services.

2) School programs and buildings, as well as related service areas, will be better able to meet the educational, social and mobility needs of handicapped children.

3) Appropriate pre-service and/or in-service training will be required and provided for all teachers.

4) School staffs will include professional persons and aides with a diversity of skills to complement classroom teachers.

5) The participation of parents in all aspects of the development and education of their handicapped children will be better defined.

6) There will be a strong emphasis on evaluation and quality in educational services.

7) School programs will be more relevant to community living.

8) Education for handicapped adolescents will be more relevant to their post-school needs.

9) Education for the handicapped will be supported by increasing amounts of research, enquiry and program development.

The 1970's have been a period of significant growth in special education provisions in Australia, but also a period of growing interest in the appropriateness and efficacy of special education practices. Perhaps, at least in part, this has prompted an increase in research that is specifically related to service delivery modes and procedures. The benefits of such trends are clear. Future special education stands to be more accessible to a wider range of handicapped children, more socially relevant, and more appropriate to the futures of handicapped children and adolescents in Australia.

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